



Client Orientation Handbook

Advocate Support Services, Inc.

Psychiatric Rehabilitation Program



About Advocate

Advocate Support Services, Inc. [Advocate] is a Maryland Corporation which was formed in July of 2001 for the purpose of serving adults with chronic and persistent mental illnesses. Shortly thereafter, in 2001, Advocate obtained a license to operate a Psychiatric Rehabilitation Program and became a Maryland Public Mental Health System [MPHS] provider of off-site Psychiatric Rehabilitation Services. From 2001 through July 2006, Advocate served fewer than 50 individuals at any given time in Anne Arundel County and Caroline County. In August of 2006, Advocate's Management Team decided to expand in to other areas across the state in order to serve more individuals and began seeking referrals from outside of Anne Arundel and Caroline Counties. In the first quarter of 2007, Advocate had discharged all of the individuals served in Caroline County and had increased the number of active Client's served to over 60 by establishing referral sources with other providers in Baltimore County and Baltimore City.

Today, Advocate's Psychiatric Rehabilitation Program [PRP] provides services to over 120 adults in Anne Arundel County, Baltimore County and Baltimore City. Advocate plans to grow, at a rate of 5% per quarter, to a maximum active census of 150.

Advocate's PRP services are paid for by Maryland Medicaid under the management and supervision of MAPS-MD which is the Administrative Services Organization that Maryland's Mental Hygiene Administration has contracted with to administer public mental health services.

Our Mission

Advocate Support Services, Inc. provides Psychiatric Rehabilitation Services to adults with mental illness for the purpose of facilitating their recovery. We educate, support and advocate for our Client's and assist them in achieving and maintaining the highest levels of independence and improving their overall quality of life.

Contact Information & Hours of Operation

All services are delivered off-site, in the community. Advocate maintains a business office and separate mailing address for correspondence.

Mailing Address: 1783 Forest Drive, PMB 251
Annapolis, MD 21401

Office Address: 700 Melvin Avenue, Suite 9
Annapolis, MD 21401

Toll Free Phone: 866-277-2080

Toll Free Fax: 800-372-0799

Web Site: www.AdvocateSupport.com

Web Log: www.AdvocateBlog.com

Program Hours & On Call Procedures

Office hours are Monday through Friday, 9 am to 5 PM, by appointment only.

Case Workers are scheduled to work, and are available Monday through Friday, 9 am to 6 PM. With prior notice, by appointment only, and with approval of the Field Supervisor, Case Workers can be available 7 days a week from 6:00 am to 9:00 PM to meet individual needs.

Advocate also offers a toll free Warm Line which may be accessed after hours and on weekends and holidays for urgent calls. Staff may be contacted on the Warm Line at 866-277-2080 x1.

Services

The goal of our program is your recovery and improvement of your quality of life. Your Case Worker will provide you with training, advice, and resources that will enable you to; take control of your illness, better manage your symptoms, increase your independence, and overall, improve your ability to live more successfully in your community.

Advocate provides off site PRP services only and promotes the use of resources that are available to you in your community. The cost for our services is covered by Medical Assistance. If you do not have this insurance we will help you apply for any and all entitlements.

You are in charge of your recovery. Advocate has established general program guidelines and rules that must be followed, but services will be tailored to your goals. You will design an Individual Rehabilitation Plan with your Case Worker based on what is important to you and services we provide will be based on the goals you create for yourself.

The services we offer fall into seven categories.

The first category, **Rehabilitation Activities**, is the largest. This includes focusing on self-care skills such as personal hygiene, grooming, nutrition, dietary planning, food preparation and self administration of medication. Rehabilitation Activities also focus on social skills such as, community integration, developing natural supports, developing linkages within your community and supporting your participation in your community. Independent living skills are also included in this category with assistance offered in maintaining your living environment, facilitating mobility skills, managing your finances and becoming aware of what your community has to offer. Plus we can help you access entitlements and help you find activities that support you cultural interests.

The second category is **Medication Services** and if your medications are not being administered to you, we can help by teaching you about your medications, what symptoms they address, and aid in monitoring and encouraging your compliance. We do NOT administer medications.

Health Promotion and Training is the third category which includes nutrition, exercise, dental care, substance abuse prevention and how to prevent injury or illness. We also offer training in communicable disease prevention.

We offer **Crisis Services**, the fourth category, when urgent, intensive support is needed. Crisis Services can be accessed by calling your Case Worker directly, or by calling **866-277-2080 x1** after normal business hours.

The fifth category is **Emergency Care** which is available in the event of an urgent, acute health problem arises.

Linkages, the sixth category, includes numerous resources we can provide to you based on your individual situation and needs. Examples include; housing, energy assistance, food stamps, legal, cultural events, community groups, other health care providers, etc. We are continually developing new resources and monitoring resources we have identified.

The seventh category is **Supported Housing**, which includes assistance with accessing rental assistance programs, Realtor's, furniture resources, movers, etc., if you are changing your residence.

Intake**Assessment****Orientation****Self Care Skills**

- personal hygiene
- grooming
- nutrition
- dietary planning
- food preparation
- physical health

Social Skills

- community integration
- developing natural supports
- family relationships
- friendship/social relations
- community participation

Independent Living Skills

- secure/maintain living environment
- community awareness

- mobility skills
- money management
- entitlements
- legal

Cultural

- school
- work
- leisure interests

Medication

- monitoring
- education
- symptom management

Health Promotion – Training

- nutrition
- exercise
- dental care
- vision
- substance abuse prevention
- prevention of injury
- physical health management

Supported Housing

- needs assessment
- housing development
- accessing subsidized rental support applications & procedures
- accessing utility assistance/management
- accessing/maintaining housing
- accessing emergency shelter/housing

Crisis Services - May include involvement with family, housing or symptom management.

Emergency Care – Usually involves contact with a hospital, clinic, &/or physician.

Linkage – Can be to any resource.

Most services will be delivered by your Case Worker on a one on one basis at your home or in your community. We also offer group activities and classes which your Case Worker will inform you of as they occur. All services are based on your needs, strengths and goals. You are not required to participate in any group activities, but your Case Worker may encourage your participation if he/she believes the group activity would benefit you and help you in achieving your goals.

You are required to meet with your Case Worker at least 5 times each month, on 5 different days, for at least 15 minutes each time. Meetings may be longer and you may meet more than 5 times per month based on your individual needs.

Rights & Responsibilities**YOUR RIGHTS:**

- ★ To be informed of your rights and responsibilities upon admission, in words that you understand, and to exercise those rights without intimidation or reprisal.
- ★ To be treated with respect and dignity as an individual, in a healthy, physically safe environment.
- ★ To humane and dignified treatment services without regard to race, color, religion, political affiliation or opinion, sexual orientation, national origin, source of payment, age or disability.
- ★ To participate in a candid discussion of appropriate, medically necessary treatment options.
- ★ To participate in the development and periodic updates of your treatment plan; to be informed about the content and objectives of your treatment, the nature and significant possible adverse effects of your treatment and the name, title, role and qualifications of your therapist and other staff.
- ★ To be informed of your own condition and progress, of proposed or current services, treatment or therapies and of the alternatives.
- ★ To receive treatment in accordance with your written plan.
- ★ To refuse the recommended treatment services, including medication and/or to seek out or be referred to available alternative services and be informed of any medical, therapeutic or legal implications.
- ★ To confidentiality with respect to your treatment record. Records are strictly confidential; disclosure of any information may only be done with written (to taped) permission from you or as directed by state or federal law.
- ★ To access your treatment record if not considered contrary to your welfare by your psychiatrist. If denied access, a summary of the record will be provided.
- ★ To be informed about the fees for service and how these fees are determined.

- ★ To formulate an advance medical directive, living will, a durable power of attorney or a documented discussion with your physician.
- ★ To voice complaints about services provided or if you feel that your rights have been violated.
- ★ To be free from intellectual, emotional, sexual and physical abuse; to refuse to participate in physically intrusive research.

YOUR RESPONSIBILITIES:

- ★ To respect the rights of other clients and staff.
- ★ To give accurate and complete information about present complaints, past illness, hospitalizations, medications and any other issues relating to your mental health and well being.
- ★ To take an active role in your well being by following the plans you agreed upon.
- ★ To respect the property of Advocate Support Services, Inc. and others and follow any and all program rules and regulations.
- ★ To keep your entitlements active and up to date to ensure payment for services received.
- ★ To meet with your Rehabilitation Coordinator at least 5 times per month, (on 5 different days) for a minimum of 15 minutes per visit, in order to avoid being suspended and eventually discharged from the program.

Procedures for Discharge

We understand that Advocate's PRP may not be the answer for everyone and that is OK.

There are three ways that services may be discontinued.

First, you can discontinue services for any reason. We refer to this as a "**Client Generated Discharge**" in which you decide to end your relationship with us whether we think it is best or not. We will still attempt to assist you with securing alternative services.

The second type of discontinuation of services is referred to as a "**Collaborative Discharge**". This occurs when both you and your Case Worker decide that services are no longer needed or able to meet your needs. This mutual decision is based on your current rehabilitation status, service needs and mutually agreed goals. We will work with you to help secure any alternative services.

The third type of discontinuation of services is referred to as "**Termination**". This is when the program staff recommends discontinuation of services based on your actions. In the event of termination, you will get a 30-day notice unless there is imminent danger. Regardless of the reason, we welcome and encourage you to take part in the discharge plan.

Confidentiality

Safeguarding Your Protected Health Information

Advocate Support Services, Inc. (Advocate) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, Advocate will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, assessments and test results, diagnoses, and treatment. That information is referred to as your health or medical record, and is legally regulated as health information and may be used for a variety of purposes. Advocate is required to follow the privacy practices described here, although Advocate reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any Advocate employee. It is also posted on our website at <http://www.AdvocateSupport.com>.

How Advocate May Use and Disclose Your Protected Health Information

Advocate employees will only use your health information when doing their jobs. For uses beyond what Advocate normally does, Advocate must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

For treatment: Advocate may use or share your health information to approve, deny treatment and to determine if your participation in our Psychiatric Rehabilitation Program is medically necessary and/or appropriate. For example, Advocate health care providers may need to review your rehabilitation plan with your psychiatrist and/or other healthcare providers for medical necessity or for coordination of care.

To obtain payment: Advocate may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, Advocate will send claims for payment of services provided to you.

For health care operations: Advocate may use and share your health information to evaluate the quality of services provided, or to our state or federal auditors.

Other Uses and Disclosures of health information required or allowed by law:

Information purposes: Unless you provide us with alternative instructions, Advocate may send appointment reminders and other materials about the program to your home.

Required by law: Advocate may disclose health information when a law requires us to do so.

Public health activities: Advocate may disclose health information when Advocate is required to collect or report information about disease or injury, or to report vital statistics to the Maryland Department of Health and Mental Hygiene and other public health authorities.

Health oversight activities: Advocate may disclose your health information to the Maryland Department of Health and Mental Hygiene and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

In the event of death: Advocate may disclose health information relating to a death to the sheriff, police or chief law enforcement official in the jurisdiction in which the death occurred, and (2) by the close of business of the next working day to the Director of the Mental Hygiene Administration, the Health Officer in the jurisdiction in which the death occurred, and the designated State protection and advocacy agency.

Research purposes: In certain circumstances, and under supervision of our Institutional Review Board or other designated privacy board, Advocate may disclose health information to assist medical research.

Avert threat to health or safety: In order to avoid a serious threat to health or safety, Advocate may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: Advocate will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. Advocate may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific government functions: Advocate may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Families, friends or others involved in your care: Advocate may share your health information with people as it is directly related to their involvement in your care or payment of your care. Advocate may also share health information with people to notify them about your location, general condition, or death.

Worker's Compensation: Advocate may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Patient Directories: The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, Disputes and Claims: If you are involved in a lawsuit, a dispute, or a claim, Advocate may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

Law Enforcement: Advocate may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

You have a Right to:

Request restrictions: You have a right to request a restriction or limitation on the health information Advocate uses or discloses about you. Advocate will accommodate your request if possible, but is not legally required to agree to the requested restriction. If Advocate agrees to a restriction, Advocate will follow it except in emergency situations.

Request Confidential Communications: You have the right to ask that Advocate send you information at an alternative address or by alternative means. Advocate must agree to your request as long as it is reasonably easy for us to do so.

Inspect and copy: You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Request amendment: You may request in writing that Advocate correct or add to your health record. Advocate may deny the request if Advocate determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If Advocate approves the request for amendment, Advocate will change the health information and inform you, and will tell others that need to know about the change in the health information.

Accounting of disclosures: You have a right to request a list of the disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, Advocate does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year.

Notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

For More Information

This document will be made available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act upon request. If you have questions and would like more information, you may contact: Jim Crosson at 866-277-2080 x71

Complaints & Grievances

To report a problem, or to file a complaint or grievance about Advocate's privacy practices, staff or services you can call 866-277-2080 x 71 to discuss the issue and seek immediate feedback and possibly resolution. Formal complaints should be made in writing to:

Advocate Support Services, Inc.
Attn: Client Rights Officer
1783 Forest Drive, PMB 251
Annapolis, MD 21401

Complaints and grievances should include as much detail as applicable including, but not limited to, date of incident, nature of complaint, names of any staff and individuals involved, actions taken, etc. Advocate will take no retaliatory action against you if you make a complaint. You may file an anonymous complaint, but we will not have any way to inform you of the resolution of your complaint. For complainants who identify themselves, Advocate will send a notification that the complaint was received within 10 business days. The complaint will be reviewed by the management team and an initial determination will be made and any corrective action will be taken any you will receive written notification within 30 days from receipt of your initial complaint.

You may also file complaints and grievances with the Maryland Department of Health & Mental Hygiene, Maryland Mental Hygiene Administration, MAPS-MD, Maryland Medicaid, Maryland Disability Law Center, your local Ombudsman, your local Core Service Agency, and/or the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call Advocate for the contact information for any or all of these agencies.

Advance Directive for Mental Health Services

Maryland law states that you have the right to make decisions in advance, including mental health treatment decisions, through a process called advance directive. An advance directive can be used to state your treatment choice or can be used to name a health care agent, that is someone that will make health care decisions for you.

An Advance Directive for Mental Health Treatment provides you the chance to take part in a major way in your mental health care decisions when you are not able to. It allows you to express your consent or refusal to medications for your mental illness and other health care decisions, including use of seclusion and restraints in the event you are unable to. Please know that Maryland law allows a health care provider to override your refusal for medication for a mental disorder in limited situations if you are involuntarily committed to a psychiatric hospital.

You are not required to have an Advance Directive for Mental Health Services, but if you do have one, Advocate is required to have a copy for your medical record.

If you do not have an Advance Directive for Mental Health Services, your Case Worker can provide you with more detailed information and assist you in preparing one. An advance directive may be oral or written. B. This document may be completed by any individual 18 years of age and has not been determined to be not capable of making an informed decision.

You may obtain a copy of an advance directive form, prepared by the Maryland Department of Health & Mental Hygiene, Mental Hygiene Administration on our web site, or by calling 866-277-2080 x 71.